PTO/SB/06 (08-03)

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Unc	PATEN	T APPLICA	NOITA	FEE DETER of for Form PTO	RECORD		ss it displays a valid OMB control number Application or Docket Number W/C44655			
CLAIMS AS FILED – PART I (Column 1) (Column 2)						SMALL ENTITY		OR	OTHER THAN OR SMALL ENTITY	
5,50			, , , , , , , , , , , , , , , , , , , ,		RATE	FEE		RATE	FEE	
BASI	FOR NUMBER FILED NUMBER EXTRA						s	OR		577d
37 CFR 1.16(a)) OTAL CLAIMS		1 🗸		T		x s=		OR	x \$=	
37 CFR 1.16(c)) NDEPENDENT CLAIMS		minus 20 =						OR	x s=	
	FR 1.16(b))		<u>- </u>		x s=		1			
1UL	TIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					+ \$=		OR	+ \$=	770
lf t	he difference in column 1 is less than zero, enter "0" in column 2.					TOTAL		OR	TOTAL	
	CLA	IMS AS AME	NDED -	– PART II						
	(Column 3)					SMALL E	NTITY	OR .		R THAN ENTITY
_		(Column 1) CLAIMS		HIGHEST			ADDI-	1	RATE	ADD1-
∀ ⊢		REMAINING AFTER		NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	TIONAL		1,7,7,2	TIONA FEE
IENT	Total	MENDMENT	Minus	PAID FOR	= 2_	X \$ =	PEC_	OR	x s_50 =	100.0
<u></u>	(37 CFR 1.16(c))	75	Minus	 3				1	x s =	
Z Z Z	(37 CFR 1.16(b))]			X \$=		OR	^ 3	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(d))					+ \$ = TOTAL		OR	+ \$= TOTAL	100-0
						ADD'L FEE		OR	ADD'L FEE	100.
		(Column 1)		(Column 2)	(Column 3)		·	7		
В		CLAIMS REMAINING		HIGHEST NUMBER	PRESENT	RATE	ADDI-		RATE	ADDI
ENT		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA		TIONAL FEE			FEE
ME	Total (37 CFR 1.16(c))	•	Minus	••	=	x \$=		OR	x s=	<u> </u>
FNDM	Independent (37 CFR 1.16(b))	•	Minus	***	=	x s=		OR	x s=	
AME	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+\$ =		OR	+ \$=	
_	FIRST PRESENTA	TION OF MIDERIE				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
					•	ADDEFEE				L
_	-	(Column 1) CLAIMS		(Column 2) HIGHEST	(Column 3)		T	٦	DATE	ADD
C		REMAINING		NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL	1	RATE	TION
FNH		AFTER AMENDMENT	Minus	PAID FOR	-		FEE	-		FEE
Ž	Total (37 CFR 1.16(c))	<u> </u>	Minus			x \$=		OR	x \$=	+-
MON	Independent (37 CFR 1.16(b))	·	Minus	•••	=	x \$=		OR	x s=	
\ \ \	FIRST PRESENTA	TION OF MULTIPL	E DEPEND	DENT CLAIM (37 C	FR 1.16(d))	+ \$=		OR	+ \$=	
						TOTAL	1	i	TOTAL ADD'L FEE	I

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. Ine Hignest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1 16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. Including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. United States Patent and Trademark Office - Sales Receipt -

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